

		<b>Desk Level Operational Unit Policy and Procedure</b>	<b>OR-201: 24 Hour Nurse Advice and Triage Line</b>
<b>Original Approval Date: 7/1/2013</b>			
<b>Applicable Products</b>		<b>Annual Reviews</b>	<b>Interim Reviews</b>
1. FFS Medicaid	2.	1. mm-dd-yyyy	1. 10-08-2013
3.	4.	2. mm-dd-yyyy	2. mm-dd-yyyy
5.	6.	3. mm-dd-yyyy	3. mm-dd-yyyy
~Most recent revision occurred on~ 10-08-2013		~Review dates shown only include past 3 years~	

Applicable Service Centers		
<input type="checkbox"/> All Service Centers (or indicate specific sites below)		
1. TUALATIN, OREGON	2.	3.
References		
LOP OR-101 Eligibility	LOP OR-401 Outreach, Consent and Engagement	LOP OR-405 Assignment and Reassignment of Clinical Staff

### **POLICY STATEMENT:**

APS Healthcare will make a 24 hour Nurse Advice and Triage Telephone Service accessible to all eligible Oregon Health Plan Fee-for-Service (OHP FFS) clients (See LOP OR-101 Eligibility).

**PURPOSE:** This policy defines how the Nurse Advice/Triage Line is provided to OHP FFS clients

### **DEFINITIONS**

CareEnhance® Call Center (CECC) software from RelayHealth®: The CECC software triage module is intended to improve clinical outcomes by providing safe and clinically proven information to Registered Nurses (RNs) or Disease Management Coordinators (DMCs), and provide triage guidelines, access to consumer-focused health topics, and the most commonly prescribed over-the-counter medication topics. The CECC software triage module is intended to address adult, women's health, behavioral health and pediatric health topics.

### **PROCEDURE**

#### I. Call Center Hours of Operations

- A. APS Healthcare's phone line for OHPCC is available for Nurse Advice/Triage 24 hours per day, seven days per week including holidays (Amendment 6, Section 1.A).
- B. Hours
  1. Calls are answered by Registered Nurses (RNs) or Disease Management Coordinators (DMCs) at APS Healthcare's Tualatin Call Center from 8:00 am – 8:00 pm PT Monday - Friday except Holidays (Amendment 6, Section 1.A).
  2. Calls are answered by RNs or DMCs by APS Healthcare's delegated Contractor at times (including holidays) that the APS Healthcare call center is not available

#### II. Client Calls

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I. APS Healthcare Call Center


1. During business hours, the APS Healthcare staff member will determine the purpose of the call from the client. If the client voices an acute medical concern, the call will be warm transferred to Nurse/Triage Contractor
2. When the Contractor RN or DMC answers, the APS Healthcare staff member will identify themselves and provide the name of the client, their ID number and their medical concern
3. APS Healthcare staff member will confirm the client's presence on the phone, inform the client is now connected with the Contractor and terminate the call.
4. The call is documented in C3

B. Triage Contractor Call Center

1. Any time that the Triage Contractor answers the call (without warm transfer from APS Healthcare), the Contractor will determine the client's eligibility (See LOP OR-101 Eligibility)
2. The nature of client calls will be captured and follow RN Triage industry standard evidenced based triage algorithms contained in CareEnhance® Call Center (CECC) software from RelayHealth® to deliver RN Triage and Advice Line program services (Amendment 6, Section 1.B). Subcontractor is URAC accredited and held accountable to URAC standards.
3. Calls are triaged and the Contractor will re-direct triage clients to the most appropriate level of care (Amendment 6, Section 1.E.)
4. The Triage Contractor will follow up with the client within 72 hours (Amendment 6, Section 1.E.)
5. After the call is completed by the Triage Contractor, a summary of the triaged call is sent electronically to APS Healthcare

II. Case Assignment (Amendment 6, Section 1.C.)

- A. APS Healthcare will review the summary of the triaged call each business day and may assign to APS Healthcare staff member for follow up (See LOP OR-405 Assignment and Reassignment of Clinical Staff).
- B. In the event of assignment an activity follow up is created in the client's record in C3 according to the date parameters established by the assigner

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and a secure message in C3 is sent to the assigned RN (either newly assigned or existing)

- C. The summary report is attached to the client record
- III. Follow Up (Amendment 6, Section 1.D.)
  - A. The assigned staff member will follow up with the client (See LOP OR-401 Outreach, Consent and Engagement) upon the receipt of the assignment
  - B. The staff member will make outreach attempts (See LOP OR-401 Outreach, Consent and Engagement) to contact the client and follow up with appropriate staff resources and enroll in Oregon Health Plan Care Coordination (OHPCC) program

### **MONITORING**

- I. Call Volume Report provided by Triage Contractor (see OR-201.1)
  - A. Call Center performance
  - B. 24/7 coverage
- II. Referral and Follow up Report provided by Triage Contractor Daily
  - A. Follow-up with Client:  $\leq$  72 hours from time of initial call
- III. Referral Report
  - 1. List of all Cases and date of initial call for review of assignment

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Last Approved On: 10/8/2013
Approved By: John R. DiPalma Title: Executive Director